

FORM PTO-1390 (Modified) U.S. PATENT AND TRADEMARK OFFICE; U.S. DEPARTMENT OF COMMERCE  
(REV. 12-2004)

**TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A SUBMISSION UNDER 35 U.S.C. 371**

ATTORNEY'S DOCKET NUMBER

3179

U.S. APPLICATION NO. (If known, see 37 CFR 1.5)

**10/521405**

INTERNATIONAL APPLICATION NO.

PCT/DE 03/01768

INTERNATIONAL FILING DATE

MAY 30, 2003

PRIORITY DATE CLAIMED

DECEMBER 27, 2002

TITLE OF INVENTION

INTERCONNECTION ELEMENT FOR A WINDING OF AN ELECTRICAL MACHINE

APPLICANT(S) FOR DO/EO/US

Christoph KLAPPENBACH, Erik MAURER

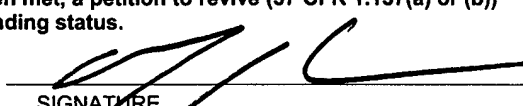
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a **FIRST** submission of items concerning a submission under 35 U.S.C. 371.
2. ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a submission under 35 U.S.C. 371.
3. ☒ This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (24) indicated below.
4. ☒ The US has been elected (Article 31).
5. ☒ A copy of the International Application as filed (35 U.S.C. 371 (c)(2))
  - a. ☐ is attached hereto (required only if not communicated by the International Bureau).
  - b. ☒ has been communicated by the International Bureau.
  - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
6. ☒ An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).
  - a. ☒ is attached hereto.
  - b. ☐ has been previously submitted under 35 U.S.C. 154(d)(4).
7. ☐ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))
  - a. ☐ are attached hereto (required only if not communicated by the International Bureau).
  - b. ☐ have been communicated by the International Bureau.
  - c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - d. ☐ have not been made and will not be made.
8. ☐ An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9. ☒ An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).
10. ☐ An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).
11. ☐ A copy of the International Preliminary Examination Report (PCT/IPEA/409).
12. ☒ A copy of the International Search Report (PCT/ISA/210).

Items 13 to 23 below concern document(s) or information included:

13. ☒ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
14. ☒ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
15. ☒ A **FIRST** preliminary amendment.
16. ☐ A **SECOND** or **SUBSEQUENT** preliminary amendment.
17. ☐ A substitute specification.
18. ☐ A power of attorney and/or change of address letter.
19. ☐ A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.
20. ☐ A second copy of the published International Application under 35 U.S.C. 154(d)(4).
21. ☐ A second copy of the English language translation of the International Application under 35 U.S.C. 154(d)(4).
22. ☒ Express Mail Label No. **EV 261931093 US**
23. ☐ Other items or information:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                                                                                                                                                                                                            |              |                                                                                         |            |                                                                                                                             |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><div style="font-size: 24pt; font-weight: bold; text-align: center;">10/521405</div>                                                                                                                                    |              | INTERNATIONAL APPLICATION NO.<br><div style="text-align: center;">PCT/DE 03/01768</div> |            | ATTORNEY'S DOCKET NUMBER<br><div style="text-align: center;">3179</div>                                                     |                 |
| 24. The following fees are submitted:                                                                                                                                                                                                                                      |              |                                                                                         |            | Applicant use                                                                                                               | Office use only |
| <input checked="" type="checkbox"/> a) Basic national fee ..... \$300.00                                                                                                                                                                                                   |              |                                                                                         |            | \$ 300.00                                                                                                                   |                 |
| <input checked="" type="checkbox"/> b) Examination fee ..... \$200.00                                                                                                                                                                                                      |              |                                                                                         |            | \$ 200.00                                                                                                                   |                 |
| <input checked="" type="checkbox"/> c) Search fee ..... \$500.00                                                                                                                                                                                                           |              |                                                                                         |            | \$ 500.00                                                                                                                   |                 |
| <b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b>                                                                                                                                                                                                                             |              |                                                                                         |            | \$ 1,000.00                                                                                                                 |                 |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. |              |                                                                                         |            |                                                                                                                             |                 |
| Total Sheets                                                                                                                                                                                                                                                               | Extra Sheets | Number of each additional 50 or fraction thereof (round up to a whole)                  | RATE       |                                                                                                                             |                 |
| - 100 =                                                                                                                                                                                                                                                                    | /50 =        |                                                                                         | x \$250.00 | \$ 0.00                                                                                                                     |                 |
| Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                  |              |                                                                                         |            | \$                                                                                                                          |                 |
| CLAIMS                                                                                                                                                                                                                                                                     | NUMBER FILED | NUMBER EXTRA                                                                            | RATE       |                                                                                                                             |                 |
| Total claims                                                                                                                                                                                                                                                               | 13 - 20 =    | 0                                                                                       | x \$50.00  | \$ 0.00                                                                                                                     |                 |
| Independent claims                                                                                                                                                                                                                                                         | 2 - 3 =      | 0                                                                                       | x \$200.00 | \$ 0.00                                                                                                                     |                 |
| MULTIPLE DEPENDENT CLAIMS (if applicable) <input type="checkbox"/> + \$360.00                                                                                                                                                                                              |              |                                                                                         |            | \$ 0.00                                                                                                                     |                 |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                       |              |                                                                                         |            | \$ 1,000.00                                                                                                                 |                 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                                               |              |                                                                                         |            | \$ 0.00                                                                                                                     |                 |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                          |              |                                                                                         |            | \$ 1,000.00                                                                                                                 |                 |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                          |              |                                                                                         |            | \$ 0.00                                                                                                                     |                 |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                |              |                                                                                         |            | \$ 1,000.00                                                                                                                 |                 |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property +                                                                                                      |              |                                                                                         |            | \$ 40.00                                                                                                                    |                 |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                               |              |                                                                                         |            | \$ 1,040.00                                                                                                                 |                 |
| Amount to be refunded:                                                                                                                                                                                                                                                     |              |                                                                                         |            |                                                                                                                             | \$              |
| Amount to be charged:                                                                                                                                                                                                                                                      |              |                                                                                         |            |                                                                                                                             | \$              |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.                                                                                                                                                                         |              |                                                                                         |            |                                                                                                                             |                 |
| b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>19-4675</u> in the amount of <u>\$1,040.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.                                                                         |              |                                                                                         |            |                                                                                                                             |                 |
| c. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-4675</u> . A duplicate copy of this sheet is enclosed.                                |              |                                                                                         |            |                                                                                                                             |                 |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.        |              |                                                                                         |            |                                                                                                                             |                 |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.</b>                                                      |              |                                                                                         |            |                                                                                                                             |                 |
| SEND ALL CORRESPONDENCE TO:<br><b>STRIKER, STRIKER &amp; STENBY</b><br><b>103 EAST NECK ROAD</b><br><b>HUNTINGTON, NY 11743</b>                                                                                                                                            |              |                                                                                         |            |                                                                                                                             |                 |
|                                                                                                                                                                                                                                                                            |              |                                                                                         |            | SIGNATURE <br><b>MICHAEL J. STRIKER</b> |                 |
|                                                                                                                                                                                                                                                                            |              |                                                                                         |            | NAME<br><b>27233</b>                                                                                                        |                 |
|                                                                                                                                                                                                                                                                            |              |                                                                                         |            | REGISTRATION NUMBER                                                                                                         |                 |